

2008 Summary of Benefits

NDPERS Option E



Group MedicareBlueSM Rx

For Plan Years Beginning in 2008



Introduction to the Summary of Benefits for Group MedicareBlue Rx (NDPERS) Plan Years Beginning in 2008 Nationwide

Thank you for your interest in Group MedicareBlue Rx. This plan is offered by Blue Cross and Blue Shield, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of this plan. It doesn't list every drug covered, every limitation, or exclusion. For a complete list of benefits, please call Group MedicareBlue Rx at the number listed at the end of this introduction and ask for the Evidence of Coverage.

Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B. You must also be identified as an eligible participant by your employer. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of a Medicare Private-Fee-For-Service plan that does not offer Medicare prescription drug coverage or are enrolled in an 1876 Cost Plan.

Does this plan cover Medicare Part B or Part D drugs?

Group MedicareBlue Rx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, the plan will only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on the plan's formulary.

Where can I get my prescriptions?

Group MedicareBlue Rx has formed a contracted network of pharmacies. You must use a network pharmacy to receive plan benefits. The plan will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in the network can change at any time. For an up-to-date list, or to find a pharmacy in the network, visit www.YourMedicareSolutions.com or call Group MedicareBlue Rx at the number listed at the end of this introduction.

Can I get 90-day supplies?

You can get 90-day supplies through the plan's mail order program or at certain retail pharmacies in the network. Mail service pharmacy services are offered through Prime Therapeutics. PrimeMail Pharmacy offers convenient, discreet and secure delivery of prescription medications to your home or work. To find out more about PrimeMail, visit www.YourMedicareSolutions.com or call Group MedicareBlue Rx at the number listed at the end of this introduction.

What is a prescription drug formulary?

Group MedicareBlue Rx uses a formulary. A formulary is a list of drugs covered by the plan to meet patient needs. Blue Cross and Blue Shield may periodically add, remove, or make changes to coverage limitations on certain drugs, or change how much you pay for a drug. If a formulary change limits your ability to fill prescriptions, you will be notified before the change is made. You can also view the complete formulary online at www.YourMedicareSolutions.com or call Group MedicareBlue Rx to see if the drugs you take are on the formulary.

If you are currently taking a drug that is not on the formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact Group MedicareBlue Rx to request an exception or switch to an alternative drug listed on the formulary with your physician's help. Call Group MedicareBlue Rx to see if you can get a temporary supply of the drug or for more details about the plan's drug transition policy.

How can I get help with my drug plan costs?

If you qualify for extra help with your Medicare Prescription Drug Plan costs, your premium and costs at the pharmacy will be lower. When you join Group MedicareBlue Rx, Medicare will tell the plan how much extra help you are getting and the plan will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). You can call this number 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Group MedicareBlue Rx, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if coverage is denied for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want the plan to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask the plan for an exception if you believe you need a drug that is not on the list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact the plan before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If your coverage for prescription drug(s) is denied, you have the right to appeal and ask the plan to review the decision. Finally, you have the right to file a grievance if you have any type of problem with the plan or network pharmacies that does not involve coverage for a prescription drug.

What is a Medication Therapy Management (MTM) program?

A Medication Therapy Management (MTM) program is a free service that may be offered. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you qualify.

What information will I receive once I enroll?

After you enroll, you will receive an ID card and Welcome Kit. The Welcome Kit contains an Evidence of Coverage (a more detailed list of the plan's benefits), a formulary, a pharmacy listing and information on how to use the mail service pharmacy.

Visit www.YourMedicareSolutions.com or, call:

Customer Service Hours:

8 a.m. to 8 p.m., daily, Central and Mountain Time

Current members should call: 1-877-838-3827

TTY/TDD users should call: 1-800-693-3816

For more information about Medicare, please call Medicare at:

1-800-MEDICARE (1-800-633-4227).

TTY/TDD users should call: 1-877-486-2048.

You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the Web.

If you have special needs, this document may be available in other formats.

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If you have any questions about the plan's benefits or costs, please contact Group MedicareBlue Rx.

Benefit Category	Original Medicare	Group MedicareBlue Rx
General Information	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	<p>This plan uses a formulary. We will send a formulary to you, or you can view a formulary on our Web site at www.YourMedicareSolutions.com.</p> <p>People who have limited incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact Group MedicareBlue Rx for details.</p>
Deductible		No deductible.
Retail Pharmacy		<p>You pay the following for prescription drugs:</p> <p>Level 1: Generic – \$5 copay plus 15% coinsurance for a one-month (31-day) supply of drugs</p> <p>Level 2: Preferred Brand – \$15 copay plus 25% coinsurance for a one-month (31-day) supply of drugs</p> <p>Level 3: Brand – \$25 copay plus 50% coinsurance for a one-month (31-day) supply of drugs</p> <p>Specialty Drugs – \$15 copay plus 25% coinsurance for a one-month (31-day) supply of drugs</p>

Benefit Category	Original Medicare	Group MedicareBlue Rx
Mail Order		<p>Level 1: Generic – \$5 copay plus 15% coinsurance for a three-month (90-day) supply of drugs</p> <p>Level 2: Preferred Brand – \$15 copay plus 25% coinsurance for a three-month (90-day) supply of drugs</p> <p>Level 3: Brand – \$25 copay plus 50% coinsurance for a three-month (90-day) supply of drugs</p> <p>Specialty Drugs – \$15 copay plus 25% coinsurance for a three-month (90-day) supply of drugs</p>
Long-Term Care Pharmacy		<p>Level 1: Generic – \$5 copay plus 15% coinsurance for a one-month (31-day) supply of drugs</p> <p>Level 2: Preferred Brand – \$15 copay plus 25% coinsurance for a one-month (31-day) supply of drugs</p> <p>Level 3: Brand – \$25 copay plus 50% coinsurance for a one-month (31-day) supply of drugs</p> <p>Specialty Drugs – \$15 copay plus 25% coinsurance for a one-month (31-day) supply of drugs</p>
Catastrophic Coverage		<p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> – \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or – 5% coinsurance.

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Out-of-Network		<p>No coverage.</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy. Please contact Group MedicareBlue Rx for details.</p>
Supplemental Drugs		<p>Group MedicareBlue Rx provides coverage for a number of drugs that are excluded from the Medicare Part D program. You will pay a 25% coinsurance for these drugs. Because they are excluded from the Part D program, they will not count toward your annual out-of-pocket maximum. Please contact Group MedicareBlue Rx for details.</p>

Do You Have a Question or Need More Information?

Please call Customer Service

Group MedicareBlue Rx: 1-877-838-3827

TTY/TDD: 1-800-693-3816

Assistance is available 8 a.m. to 8 p.m., daily, Central and Mountain Time

Or, visit our web site at www.YourMedicareSolutions.com

Group MedicareBlue Rx is a regional Medicare Prescription Drug Plan with a Medicare contract. Group MedicareBlue Rx coverage is provided by only one of the following plans, depending on the state in which the policy is issued: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association

